

Huntington Hospital

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July 25, 1995

Mark W. Legnini, Dr. P.H.
Statewide Health Planning and Development
1600 Ninth Street, Room 400
Sacramento, California 95814

Dear Doctor Legnini:

I have been asked by Doctor William Lattin, the vice-president for Medical Affairs of our hospital, to respond to the 1994 report of California Hospital Outcome Project with regard to the acute myocardial infarction data.

I am pleased to see that the Huntington Memorial Hospital falls in that category of hospitals whose outcome with acute myocardial infarction is non-statistically significant from the norm. Naturally, we would like to see our outcome be better than the norm and we have, in the past three years, undertaken several steps in order to improve our outcome with acute myocardial infarction and related acute coronary syndromes.

We have developed a Cardiac C.Q.I. Committee composed of nurses, cardiologists, anesthesiologists, cardiovascular surgeons, pulmonologists and related allied health professionals to deal with all aspects of cardiac care. In conjunction with the Emergency Department of this hospital, which is staffed solely by board certified emergency room physicians, we have developed critical pathways within the Emergency Department for the handling of patients who present with acute chest pain. In this manner, we have been able to decrease significantly the time to diagnosis and time to treatment intervals in patients presenting with acute chest pain syndromes.

We are developing a clinical pathway for the treatment of acute myocardial infarction and unstable angina.

We are in the early stages of the use of a chest pain unit, in close association with our Emergency Department, into which patients with chest pain, not initially obviously an acute myocardial infarction, will be triaged in order to undergo more focused diagnostic and therapeutic interventions.

Mark W. Lengini, Dr. P.H.
7/25/95

In view of the recent literature supporting the use of acute balloon angioplasty in acute myocardial infarction, the cardiologists have shifted their emphasis in treatment of this disorder toward balloon angioplasty and away from thrombolytic therapy. We have not, however, closed our minds to new developments in the field of thrombolytic therapy.

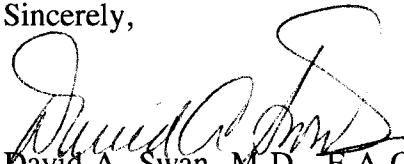
The Emergency Department is working on a pilot project to obtain and transmit 12-lead electrocardiograms in the field so that the diagnosis will become apparent earlier in the course of the patient's symptoms.

We are confident that these measures will improve the quality and timeliness of care that we provide for patients with acute myocardial infarction.

A more in-depth review of patients with acute myocardial infarction by your office might reveal sufficient data to enable you to risk stratify patients based on the size of the myocardial infarction at presentation. This can easily be obtained from evaluating the serum enzymes, echocardiographic, and nuclear medicine data.

With best regards.

Sincerely,

A handwritten signature in dark ink, appearing to read 'David A. Swan', written over a horizontal line.

David A. Swan, M.D., F.A.C.C.
Director
Clinical Cardiology

DAS:ml
cc: William Lattin, M.D.